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EXTENSION GRANTED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Inspection

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number GIRLS INCORPORATED Address change OF GREATER SANTA BARBARA Name change 95-6006417 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ P.O. BOX 236 (805) 963 - 4757termin-ated 2,412,729. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended SANTA BARBARA, CA 93102 H(a) Is this a group return Applica-F Name and address of principal officer: CYDNEY JUSTMAN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)(4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.GIRLSINCSB.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 1958 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO Activities & Governance INSPIRE ALL GIRLS TO BE STRONG, SMART, AND BOLD. oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) <u>13</u> Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 66 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 892,666. 932,009. Contributions and grants (Part VIII, line 1h) Revenue 834,380. 578,089 Program service revenue (Part VIII, line 2g) 360,225. 7,237,419. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 14,659. -1,500.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,125,114. 8,722,833. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,719,414. 1,396,517. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 18,495. 21,675. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,542,476. 1,009,782. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,280,385. 2,427,974. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,442,448. -302,860. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 16,784,047. 16,700,483. 20 Total assets (Part X, line 16) 2,134,087. 1,979,964. 21 Total liabilities (Part X, line 26) 14,649,960. 14,720,519. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has anv knowledge. Date Signature of officer Sign CYDNEY JUSTMAN, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature Paid CHRISLEY N. REED, CPA P00025230 Firm's EIN 95-3680171 MCGOWAN GUNTERMAN Preparer Firm's name Use Only Firm's address 200 E CARRILLO ST, STE 300 Phone no. (805) 962-9175SANTA BARBARA, CA 93101

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

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GIRLS INCORPORATED OF GREATER SANTA BARBARA

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION'S MISSION IS TO INSPIRE ALL GIRLS TO BE STRONG,
	SMART, AND BOLD, THROUGH RESEARCH-BASED, INNOVATIVE, AND EDUCATIONAL
	PROGRAMS AND ACTIVITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue if any, for each program service reported
4a	(Code:) (Expenses \$ 899,365 · including grants of \$) (Revenue \$ 313,024 ·)
	ELEMENTARY PROGRAMS:
	WE ENVISION A WORLD WHERE EVERY GIRL FEELS VALUED, SAFE, AND PREPARED
	TO ACHIEVE HER DREAMS. WE FOCUS ON THE WHOLE GIRL FROM AGE 5-18: HER
	HEALTH, EDUCATION AND DEVELOPMENT AS A LEADER. OUR CONTINUUM OF
	ACADEMIC, SOCIAL, AND COMMUNITY ENRICHMENT PROGRAMS IS OFFERED TO ALL
	GIRLS IN OUR COMMUNITY, REGARDLESS OF THEIR FAMILY'S ABILITY TO PAY. IN
	THE EARLY SCHOOL YEARS, GIRLS BEGIN TO DEVELOP CONFIDENCE AS LEARNERS,
	AND BUILD THE FOUNDATION FOR ACADEMIC SUCCESS. THEY ALSO FORM ATTITUDES
	ABOUT THEMSELVES IN RELATION TO SCHOOL AND THEIR PEERS. WE OFFER A
	SUBSIDIZED PROGRAM FEE FOR 100% OF OUR PARTICIPANTS AND PROVIDE
	ADDITIONAL SCHOLARSHIPS AND FINANCIAL AID TO ENSURE THAT EVERY GIRL CAN
	PARTICIPATE AND THRIVE.
41-	45.050
4b	(Code:) (Expenses \$ 208,137. including grants of \$) (Revenue \$ 17,870.)
	AS TEENS, GIRLS LEARN TO ASSERT AND EXPRESS THEMSELVES, DEVELOP THEIR
	SELF-IMAGE, AND BEGIN TO DEFINE THEIR OWN MORALS AND VALUES. THEY GAIN
	MORE INDEPENDENCE, NAVIGATE INCREASED SOCIAL PRESSURES, AND HONE THEIR
	SENSE OF WHAT THEY WANT TO CONTRIBUTE AS THEY MOVE INTO THEIR FUTURE.
	THEY LOOK FOR CONNECTIONS BETWEEN CLASSROOM LEARNING AND THE WORLD
	AROUND THEM. THE TEEN YEARS ARE A CHALLENGING TIME FOR MANY GIRLS, AS THEY ARE DEVELOPING THEIR IDENTITY WHILE FACING MANY NEGATIVE MESSAGES.
	GIRLS INC. SUPPORTS TEEN GIRLS' SUCCESS BY PROVIDING A WIDE RANGE OF
	PHYSICAL AND INTELLECTUAL ACTIVITIES TO EXPLORE, PROMOTING SUSTAINED
	AND INCREASED INTEREST IN STEAM. WE OFFER A SUBSIDIZED PROGRAM FEE FOR
	100% OF OUR PARTICIPANTS AND PROVIDE ADDITIONAL SCHOLARSHIPS AND
4c	(Code:) (Expenses \$590,093. including grants of \$) (Revenue \$503,486.)
	AT GIRLS INC., OUR GYMNASTICS PROGRAM STANDS AS A BEACON OF EMPOWERMENT
	AND ATHLETICISM FOR YOUNG GIRLS AGED 5-18. GYMNASTICS OFFERS A UNIQUE
	·
	AVENUE FOR GIRLS TO DISCOVER THEIR PHYSICAL CAPABILITIES, BUILD
	CONFIDENCE, AND FOSTER TEAMWORK. WE FOCUS ON ENHANCING MOTOR SKILLS,
	AGILITY, AND FLEXIBILITY WHILE INSTILLING VALUES OF DISCIPLINE AND
	PERSEVERANCE. GYMNASTICS TEACHES GIRLS TO PUSH PAST THEIR LIMITS,
	EMBRACE CHALLENGES, AND CELEBRATE THEIR ACHIEVEMENTS. BEYOND THE GYM
	MAT, THESE LESSONS RESONATE IN EVERY ASPECT OF THEIR LIVES, SHAPING
	THEM INTO STRONG, CAPABLE YOUNG WOMEN READY TO FACE THE WORLD WITH
	GRACE AND GRIT.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,697,595.

GIRLS INCORPORATED OF GREATER SANTA BARBARA

Form 990 (2023)

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Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Х Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Х Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

GIRLS INCORPORATED

OF GREATER SANTA BARBARA Form 990 (2023) Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х 27 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х "Yes," complete Schedule L, Part IV X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 12 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

(gambling) winnings to prize winners?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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GIRLS INCORPORATED OF GREATER SANTA BARBARA

Form 990 (2023)

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			7,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_				
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	a .				
_	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	7.	Х			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x		
٨	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7с		21		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
e f		7 6		X		
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7				
•	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.	8				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
_	organization is licensed to issue qualified health plans 13b					
	Enter the amount of reserves on hand	140		X		
	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation on Schedule O.	14a 14b				
ъ 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140				
13	excess parachute payment(s) during the year?	15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.	13				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х		
	If "Yes," complete Form 4720, Schedule O.	.5				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Ves " complete Form 6069					

Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
			4.0		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		4.0					
b	Enter the number of voting members included on line 1a, above, who are independent	1 b	13					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х		
6	Did the organization have members or stockholders?			6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or					
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	olders, or					
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:					
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y							
	on Schedule O how this was done			12c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approve	-	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)						
	The organization's CEO, Executive Director, or top management official			15a	Х			
b	Other officers or key employees of the organization			15b		Х		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange							
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga							
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed CA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ınd 990	-T (section 501(c)(3)	s only) avail	able		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain		,					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict (of interest policy, an	d finar	ncial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's by THE ORGANIZATION $-$ (805) $963-4757$	ooks an	d records					
	P.O. BOX 236 SANTA BARBARA CA 93102							

Form 990 (2023) OF GREATER SANTA BARBARA 95-60 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VI	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)			1 than	one	Reportable	Reportable compensation	Estimated
	hours per	box				is bot	h an	compensation		amount of
	week (list any	_					<u> </u>	from the	from related organizations	other compensation
	hours for	· director				p		organization	(W-2/1099-MISC/	from the
	related	ō	stee			en sa te		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrus	nal tru		oyee	ombe		1099-NEC)		and related
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
	line)	P P	lus	JJ0	Ş.	Hig en	윤			
(1) JENNIFER FAUST	40.00	4		7.				02 207	_	2 672
FORMER CEO	40.00			Х		-		92,297.	0.	3,672.
(2) CYDNEY JUSTMAN	40.00	4		7.				06 570	_	2 202
EXECUTIVE DIRECTOR	1 00			Х		-		86,570.	0.	2,292.
(3) AMBER ORTIZ	1.00	Į.,		7.					_	_
CO-TREASURER	1 00	Х		Х		-		0.	0.	0.
(4) BETSY MANGER	1.00	Į.,							_	_
DIRECTOR	1 00	Х				-		0.	0.	0.
(5) MEREDITH BEITZ	1.00	Į.,							_	_
DIRECTOR	1 00	Х				-		0.	0.	0.
(6) CAROL BRUMBERGER	1.00	Į.,							_	_
DIRECTOR	1 00	Х				₩		0.	0.	0.
(7) TRACY JENKINS	1.00	Į.,		7.					_	_
VICE CHAIR	1 00	Х		Х		-		0.	0.	0.
(8) SUE PILKINGTON	1.00	Į.,		7.					_	_
SECRETARY	1 00	Х		Х		-		0.	0.	0.
(9) PAUL PORTNEY	1.00	x		x					0.	_
CHAIR	1.00	^		^		-		0.	0.	0.
(10) VANESSA GARCIA	1.00	x		x					0.	_
TREASURER	1.00	^		^		-		0.	0.	0.
(11) LUZ REYES-MARTIN	1.00	X						0.	0.	0.
DIRECTOR (10) KENDALL DATE	1.00	^				-		0.	0.	0.
(12) KENDALL PATA	1.00	X						0.	0.	0.
DIRECTOR (13) MARK HEINRICH	1.00	^				\vdash		0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(14) SUSAN LICHTENSTEIN	1.00	^				\vdash		0.	0.	•
DIRECTOR	1.00	X						0.	0.	0.
(15) SAMARA WADDY	1.00	122				\vdash		0.	0.	-
DIRECTOR	1.00	X						0.	0.	0.
(16) AMIE PARRISH	1.00	122		\vdash		\vdash	\vdash		· ·	-
DIRECTOR	1.00	X						0.	0.	0.
DIRECTOR		122		\vdash		\vdash	\vdash		· ·	
		1								

Form 990 (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck	itior more	than	one	Reportable	Reportable		Es	timate	ed
		hours per week					is bot or/trus		compensation	compensation from related			nount o other	of
		(list any	ctor						the	organizations			pensa	tion
		hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC	; /		om the	
		related	stee o	rustee			seu sa		(W-2/1099-MISC/	1099-NEC)		•	anizati	
		organizations below	ual tru	onal t		ployee	tcom		1099-NEC)				d relati	
		line)	hivibr	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	UHS
-			4	=	0	¥	王 10	ш.			\dashv			
											П			
											\dashv			
											\dashv			
											\dashv			
											\dashv			
											\dashv			
											一			
	Subtotal								178,867.		0.		5,9	
	Total from continuation sheets to Part VI								0.		0.		<u> </u>	0.
	Total (add lines 1b and 1c)								178,867.		0.		5,9	64.
2	Total number of individuals (including but no	ot limited to th	ose	liste	ed a	bove	e) wr	าo r	received more than \$100	0,000 of reportable				0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	кеу є	emp	loye	e, or	r hig	ghest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for so			-	-	-		_		•	[3		Х
4	For any individual listed on line 1a, is the su	•	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	-				-			-			_		v
Sec	rendered to the organization? If "Yes," competion B. Independent Contractors	olete Schedule	9 <i>J f</i>	or su	ıcn	pers	son .					5		X
1	Complete this table for your five highest con	mnensated inc	dene	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ens	ation f	rom	
-	the organization. Report compensation for t	-	-							· · · · · · · · · · · · · · · · · · ·	55.			
	(A)								(B)			(C		
	Name and business	address	N	INC	3				Description of s	ervices	C	ompe	nsatio	n
								\dashv						
2	Total number of independent contractors (in	acluding but a	ot li	mite	d to	tho	se li	ster	d ahove) who received m	ore than				
_	\$100,000 of compensation from the organizations	•	J. 111		U	., 10	0	ردتر	abovo, who received if	.5.5 (1011				
	, , , , , , , , , , , , , , , , , , , ,											Form	aan /	2023/

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GIRLS INCORPORATED OF GREATER SANTA BARBARA

Form 990 (2023) OF GREAT
Part VIII Statement of Revenue

			Check if Schedule O contains a respons	e or note to any lir	ne in this Part VIII			
			'	,	(A)	(B)	(C)	_ (D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
S so								30000013 012 014
			Federated campaigns 1a					
윤리			Membership dues 1b	05 054				
ŁŞ,	•	С	Fundraising events1c	27,051.				
a git	(d	Related organizations 1d					
B,		е	Government grants (contributions) 1e					
ios	1	f	All other contributions, gifts, grants, and					
is t			similar amounts not included above 1f	904,958.				
들진		~	Noncash contributions included in lines 1a-1f	81,100.				
Contributions, Gifts, Grants and Other Similar Amounts		-			932,009.			
<u> </u>		<u>''</u>	Total. Add lines 1a-1f	Business Code	332,003.			
	_		DDOCDAM CEDUTCE DEVENI		022 077	022 077		
<u>i</u>	2 8	а	PROGRAM SERVICE REVENU		833,077.			
e e	ı	b	OTHER PROGRAM REVENUE	900099	1,303.	1,303.		
S u	•	С						
e a	(d						
Program Service Revenue		е						
ፈ	1	f	All other program service revenue					
			Total. Add lines 2a-2f		834,380.			
	3	<u> </u>	Investment income (including dividends, into		,			
	Ū				270,940.			270,940.
	4		other similar amounts) Income from investment of tax-exempt bond		27073100			27073101
	4							
	5		Royalties					
			(i) Real	(ii) Personal				
	6 a	а	Gross rents 6a					
	ı	b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7 a	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 357,892	. 17,508.				
		h	Less: cost or other basis	•				
<u>e</u>		~	and sales expenses 7b 284,163	1.952.				
eu		_		. 15,556.				
ě				•	89,285.			89,285.
Other Revenue			Net gain or (loss)	·····	09,203.			09,203.
the	8 8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
	ı	b	Less: direct expenses	b 1,500.				
			Net income or (loss) from fundraising events		-1,500.			-1,500.
			Gross income from gaming activities. See					
			Part IV, line 19	a				
		h		b				
			Net income or (loss) from gaming activities	· · ·				
	10 8	а	Gross sales of inventory, less returns					
				Da				
			J	Ob				
\Box		С	Net income or (loss) from sales of inventory					
က္				Business Code				
o g	11 a	а						
an X	ı	b						
Miscellaneous Revenue		С						
<u> </u>			All other revenue					
≥			Total. Add lines 11a-11d					
	12	<u> </u>	Total revenue. See instructions		2,125,114.	834,380.	0.	358,725.
	12		TOTAL LEAGUAGE OFF HISH MUNICIPS		<u> ~ , </u>	004,000		330,123

GIRLS INCORPORATED Form 990 (2023) OF GREATER SAI Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) present (1) OF GREATER SANTA BARBARA

	. All other organizations must complete column (A).

Do n	Check if Schedule O contains a responsot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	104 001	64 644	61 610	64 640
	trustees, and key employees	184,831.	61,611.	61,610.	61,610
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,020,765.	739,364.	195,265.	86,136
	Other salaries and wages	1,020,703.	739,304.	193,203.	00,130
	section 401(k) and 403(b) employer contributions)	17,457.	10,450.	5,853.	1 154
	Other employee benefits	70,182.	43,593.	23,543.	1,154 3,046 11,344
	Payroll taxes	103,282.	70,135.	21,803.	11.344
	Fees for services (nonemployees):	200,2021	707200	22,0001	
	Management				
	Legal				
	Accounting	20,765.	5,865.	14,900.	
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17	21,675.			21,675
	Investment management fees	34,497.		34,497.	-
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch O.)	88,223.	56,178.	20,934.	11,111
12	Advertising and promotion	12,578.	1,841.	1,738.	11,111 8,999
13	Office expenses	199,224.	171,680.	11,595.	15,949
14	Information technology				
	Royalties				
16	Occupancy	173,166.	159,431.	13,727.	8
17	Travel	13,042.	5,263.	6,855.	924
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	06 100	F.C. 020	0.617	0 (10
	Interest	96,172.	76,938.	9,617.	9,617
	Payments to affiliates	242 000	104 240	24 200	24 200
	Depreciation, depletion, and amortization	242,800. 68,523.	194,240. 54,817.	24,280. 6,853.	24,280 6,853
23	Insurance	00,323.	54,01/.	0,000.	0,033
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount list line 24e expenses on Schedule (A).				
_	amount, list line 24e expenses on Schedule 0.) BANK FEES	22,293.	18,230.	3,136.	927
a h	IN KIND DONATIONS	18,623.	18,623.	3,1300	727
C	EQUIPMENT RENTAL AND MA	10,315.	6,729.	1,951.	1,635
d	PRINTING AND POSTAGE	9,561.	2,607.	782.	6,172
	All other expenses	3,3321	2,007.		· ,
	Total functional expenses. Add lines 1 through 24e	2,427,974.	1,697,595.	458,939.	271,440
<u> 26</u>	Joint costs. Complete this line only if the organization	·	-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ... (A) (B) Beginning of year End of year 678,379. 721,436 Cash - non-interest-bearing 1 6,262,436. 6,294,399. 2 Savings and temporary cash investments 554,102. 356,122. 3 Pledges and grants receivable, net 2,890. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 20,724. 16,447. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 9,991,200. basis. Complete Part VI of Schedule D _____ 10a 3,665,065. 6,478,248. 6,326,135. b Less: accumulated depreciation 10b 10c 2,744,211. 3,029,001. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 16,784,047. 16,700,483. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 227,706. 121,431. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 1,760,938. 1,720,333. Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 145,443. 138,200. 2,134,087. 1,979,964. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 11,226,360. 11,208,799. Net assets without donor restrictions 27 27 3,441,161. 3,494,159. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

Form **990** (2023)

14,720,519.

16,700,483.

31

32

14,649,960.

16,784,047.

31

32

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Pa	rt XI Reconciliation of Net Assets			•		
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,12			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,42	7,9	74.	
3	Revenue less expenses. Subtract line 2 from line 1	3	-30			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,649,960			
5	Net unrealized gains (losses) on investments	5	373,419			
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	14,72	0,5	19.	
Pa	rt XII Financial Statements and Reporting				x	
Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization GIRLS INCORPORATED

OF GREATER SANTA BARBARA

Employer identification number 95-6006417

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

OF GREATER SANTA BARBARA

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

JEC	ection A. Fublic Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1875036.	1930993.	2256260.	892,666.	932,009.	7886964.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
	Total. Add lines 1 through 3	1875036.	1930993.	2256260.	892,666.	932,009.	7886964.				
	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						617,615.				
6	Public support. Subtract line 5 from line 4.						7269349.				
	etion B. Total Support						, 2030131				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
	Amounts from line 4	1875036.	1930993.	2256260.	892,666.	932,009.	7886964.				
	Gross income from interest,				,	, , , , , ,					
Ŭ	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	146,081.	90,845.	88,306.	166,420.	270,940.	762,592.				
a	Net income from unrelated business		20,0101				7 0 2 7 0 2 2 0				
5	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
10	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						8649556.				
	Gross receipts from related activities,	oto (soo instructio	ane)			12	00133301				
	First 5 years. If the Form 990 is for the			fourth or fifth tax							
10	organization, check this box and stor	-			year as a section s						
Sec	tion C. Computation of Publ										
	Public support percentage for 2023 (column (f))		14	84.04 %				
	Public support percentage from 2022					15	85.09 %				
	33 1/3% support test - 2023. If the o										
	stop here. The organization qualifies										
b	33 1/3% support test - 2022. If the o										
-	and stop here. The organization qual	-									
17a	10% -facts-and-circumstances tes										
., u	and if the organization meets the fact	· ·					·				
	meets the facts-and-circumstances to				· ·	vi now the organiz					
h	10% -facts-and-circumstances tes	_		* '	-	I7a and line 15 is	10% or				
D		_					10/0 OI				
	more, and if the organization meets the										
10	organization meets the facts-and-circ										
10	Private foundation. If the organization	лт иш пот спеск а	DUX UITIIIIE 13, 16	a, 100, 17a, 0f 1/k	, GIECK IIIS DOX A	nu see mstruction	<u> </u>				

Schedule A (Form 990) 2023

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	slow, please com	ipiele Parl II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(a) 2019	(b) 2020	(6) 2021	(u) 2022	(6) 2020	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's f	I first second third	fourth or fifth tax	vear as a section	1 501(c)(3) organizat	tion
•	check this box and stop here	J		,	•	()()	
Sec	ction C. Computation of Publi						
15	Public support percentage for 2023 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Incom	ne Percentage	•			
	Investment income percentage for 202					17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	-					17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the	•			·	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	ι box on line 14, 19	a, or 19b, check t	his box and see ir	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
3a		
3b		
SD		
3с		
30		
4a		
- 1 u		
4b		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
9a		
9b		
90		
9с		
90		
10a		
100		
10b		

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organi	ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		In how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
		1		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
800		pported organization(s). D. All Type III Supporting Organizations	1		
Sec	LIOII L	5. All Type III Supporting Organizations			
	D: 1 !!			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s).	•		
2			2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a cant voice in the organization's investment policies and in directing the use of the organization's			
	U				
		the or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec		orted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
-		s the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
1		The organization satisfied the Activities Test. Complete line 2 below.	•		
a b		The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization is the parent of each of its supported organizations. Complete line 3 bolow. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ne)	
2		ties Test. Answer lines 2a and 2b below.	Straction	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
a		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive? In Fest, thick in Fact Vincentity			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
~		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have organization and its supported	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations					
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see							

Schedule A (Form 990) 2023

instructions).

OF GREATER SANTA BARBARA 95-6006417 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder, Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j

Schedule A (Form 990) 2023

and 4c.

8 Breakdown of line 7:
 a Excess from 2019
 b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

Schedule A (Form 990) 2023

GIRLS INCORPORATED

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Schedule A	(Form 990) 2023	OF	GREATER	SANTA	BARBARA		95-6006417 _F	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section I	ormatic 1, 2, 3b, 0, lines 2	on. Provide the 3c, 4b, 4c, 5a, and 3; Part IV, 5	explanations 6, 9a, 9b, 9c Section E, lin	s required by Part II , 11a, 11b, and 11d les 1c, 2a, 2b, 3a, a	I, line 10; Part II, line 17a o c; Part IV, Section B, lines and 3b; Part V, line 1; Part ete this part for any addition	or 17b; Part III, line 12; 1 and 2; Part IV, Section (V, Section B, line 1e; Part	C,
	(ess metrastions,							

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIRLS INCORPORATED

OF GREATER SANTA BARBARA

Employer identification number 95-6006417

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing cor	servation easements during the year
7	Amount of evapones included in monitoring inspecting home	dling of violations, and enforcing concern	ation accompate duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and emorcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	(h)(/)(R)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
Ū	balance sheet, and include, if applicable, the text of the foot	· ·	
	organization's accounting for conservation easements.	note to the organization o infariolal states.	ionio mai decembee me
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	herance of public service,
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990 Part Y		\$

Par	rt III Organizations Maintaining C	ollections of Art,	Historical Tre	easures, c	or Other	Similar .	Assets(conti	nued)
3	Using the organization's acquisition, accession	on, and other records,	check any of the	following that	t make sig	nificant use	e of its	
	collection items (check all that apply).							
а	Public exhibition	d	Loan or exch	nange progra	ım			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain h	now they further th	e organizatio	on's exem _l	pt purpose	in Part XIII.	
5	During the year, did the organization solicit or	receive donations of	art, historical treas	sures, or othe	er similar a	ssets		
	to be sold to raise funds rather than to be ma	intained as part of the	organization's co	llection?			. Yes	No_
Par	rt IV Escrow and Custodial Arrang		if the organization	answered "\	Yes" on Fo	orm 990, Pa	art IV, line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia							
	on Form 990, Part X?						L Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:					
							Amoun	<u>t</u>
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Fo		·		•	/?	Yes	├ No
Par	If "Yes," explain the arrangement in Part XIII.							
Pai	rt V Endowment Funds Complete if	(a) Current year	(b) Prior year			1 Three years	s back (e) Fou	r voare hack
4.	Designing of warmhalance	1,750,432.	2,124,419.	1,939		1,902		,705,522.
	Beginning of year balance	1,750,452.	2,124,419.	1,953	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,000.	500.
b	Contributions	237,031.	-288,987.	267	7,908.		,067.	280,422.
C C	Net investment earnings, gains, and losses	237,031.	200,507.	207	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	120	,007.	200,422.
d	Grants or scholarships Other expenditures for facilities							
е		87,000.	85,000.	83	3,000.	86	,000.	84,000.
f	and programs Administrative expenses				,,,,,,,		,,,,,,	
	End of year balance	1,900,463.	1,750,432.	2 124	1,419.	1,939	511. 1	,902,444.
2	Provide the estimated percentage of the curr				, •	_,	,	,,
a	Board designated or quasi-endowment	•	%	,, riola ao.				
b	Permanent endowment 90.9178		•					
c	Term endowment 9.0822 9							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posses	•	on that are held ar	nd administe	red for the)		
	organization by:							Yes No
	(i) Unrelated organizations?						3a(i)	X
								X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as required	d on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		ment funds.					
Par	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered				, Part X, lir	ne 10.		
	Description of property	(a) Cost or other	` '		٠,	umulated	(d) Boo	k value
		basis (investme	,		depre	eciation	1 (-	0 ([4
	Land			0,654.	2 2	10 500		0,654.
	Buildings		7,92	1,408.	3,34	12,583	4,57	8,825.
	Leasehold improvements		30	5 064	2.)) \		7 707
	Equipment			5,864.		33,077		2,787.
	Other			3,274.		39,405		3,869. 6,135.
ı otal	L Add lines 1a through 1e. (Column (d) must ed	auai Form 990. Part X	une luc column	(H))			1 0,34	O, 133.

Schedule D (Form 990) 2023

GIRLS INCORPORATED

Schedule D (Form 990) 2023 OF GREATER	SANTA BARBARA	95-	-6006417 Page 3
Part VII Investments - Other Securities			•
Complete if the organization answered "Ye			
(a) Description of security or category (including name of security	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Ye	s" on Form 000 Part IV line 1	Id Soc Form 990 Part V line 15	
	a) Description	Tru. See Form 930, Fart X, line 13.	(b) Book value
-	a) Description		(b) Book value
(1)			
(2)			
<u>(3)</u> (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15,	col. (B))		
Part X Other Liabilities	. , ,		
Complete if the organization answered "Ye	s" on Form 990, Part IV, line 1	l 1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) EIDL LOAN			138,200
(3)			-
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

138,200.

Part XI	Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per F	Returr	า
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1 Total	revenue, gains, and other support per audited financial statements			1	2,481,056
2 Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:				
	ınrealized gains (losses) on investments		373,419. 17,020.	<u>.</u>	
	ted services and use of facilities		17,020.	_	
	veries of prior year grants				
d Othe	r (Describe in Part XIII.)	2d			
	ines 2a through 2d			2e	390,439
3 Subt	ract line 2e from line 1			3	2,090,617.
	unts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	24 405		
	tment expenses not included on Form 990, Part VIII, line 7b		34,497.	<u>-</u>	
	r (Describe in Part XIII.)	4b			24 405
	ines 4a and 4b			4c	34,497
	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,125,114
Part XII	Reconciliation of Expenses per Audited Financial State		h Expenses per	Retu	irn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				0 410 405
	expenses and losses per audited financial statements			1	2,410,497
	unts included on line 1 but not on Form 990, Part IX, line 25:	1 1	15 000		
	ted services and use of facilities		17,020.	<u>-</u>	
	year adjustments			_	
	rlosses			_	
	r (Describe in Part XIII.)	•			15 000
	ines 2a through 2d			2e	17,020
	ract line 2e from line 1			3	2,393,477
	unts included on Form 990, Part IX, line 25, but not on line 1:	1 1	24 407		
	tment expenses not included on Form 990, Part VIII, line 7b		34,497.	<u>-</u>	
	r (Describe in Part XIII.)	4b			24 405
	ines 4a and 4b			4c	34,497
	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,427,974.
	Supplemental Information				
	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			4; Part	X, line 2; Part XI,
lines 2d an	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional infor	mation.		
ז שמגם	7, LINE 4:				
PARI	/, LINE 4:				
тит От	RGANIZATION USES EARNINGS FROM ENDOWME	אויים ייה	DDUITUE CI	IDDO'	рт Ом им
111111 01	CHANTER TON COED EARNINGS FROM ENDOWNE	MID IO	FROVIDE SC	JE F O.	KI ON AN
ΔΝΝΙΙΔΙ	BASIS FOR PROGRAM AND OPERATING ACTI	VITTES	TN ACCORDA	NCE	ΜΤΤΗ ΔΝΥ
711110711	BADID TOK TROCKER AND CLERKITHE ACT	VIIIDD	IN ACCORDA	111011	WIIII ANI
DONOR	IMPOSED RESTRICTIONS.				
DOMOR	IM ODED REDIRECTIONS.				
-					
PART 3	K, LINE 2:				
	I, DIND 2.				
THE OF	RGANIZATION IS A CALIFORNIA NONPROFIT	PUBLIC	BENEFIT CO)RPO	RATTON
11111 01	COMMITTEE IN THE COMMITTEE WORK HOLD IN	TODELC	DDINDI II CC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	idii i Oit ,
WHICH	IS EXEMPT FROM INCOME TAXES UNDER INT	ERNAL F	EVENUE COL	F S	ECTTON
501(C)	(3) AND STATE OF CALIFORNIA REVENUE A	ND TAXA	TION CODE	SEC	TION
22701	(D) MURDERODE NO PROVINCION FOR THEOLOGIC		TO DECLITE	10	m
∠3/U1((D); THEREFORE NO PROVISION FOR INCOME	TAXES	TR KECOTKE	י עוי	THE

ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER

SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS

Part XIII Supplemental Information (continued)
NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1).
THE ORGANIZATION EVALUATES UNCERTAIN TAX POSITIONS, WHEREBY THE EFFECT OF
THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE
AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2023, THE ORGANIZATION HAD NO
UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.
THE ORGANIZATION FILES TAX RETURNS IN CALIFORNIA AND U.S. FEDERAL
JURISDICTIONS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND
STATE EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2020 AND 2019,
RESPECTIVELY.

SCHEDULE G (Form 990)

Department of the Treasury

Part I

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

GIRLS INCORPORATED
OF GREATER SANTA BARBARA

Employer identification number 95-6006417

Schedule G (Form 990) 2023

required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations X Solicitation of government grants X Phone solicitations X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) COLEEN MCBRIDE - PO BOX 171, Yes No VENTURA, CA 93002 GRANT WRITING Х 373,580 21,675 351,905. 373,580. 21,675. 351 905. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. $\overline{\mathsf{C}\mathsf{A}}$

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events SHE IS NONE (add col. (a) through BEAUTIFUL col. (c)) (event type) (event type) (total number) Revenue 27,051. 27,051. 1 Gross receipts 27,051 27,051. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 1,500. 9 Other direct expenses 1,500. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Schedule G (Form 990) 2023

GIRLS INCORPORATED

Schedule G (Form 990) 2023 OF GREATER SANTA BARBARA Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? _ No **13** Indicate the percentage of gaming activity conducted in: a The organization's facility 13a % b An outside facility % 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? _____ Yes No b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address 16 Gaming manager information: Name Gaming manager compensation Description of services provided Director/officer Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. PART I, LINE 2B, COLUMN (V): GRANT WRITING.

GIRLS INCORPORATED OF GREATER SANTA BARBARA

Schedule G	i (Form 990)	OF	GREATER	SANTA	BARBARA	95-6006417 Page 4
Part IV	(Form 990) Supplemental Info	rmatio	on (continued)			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

GIRLS INCORPORATED OF GREATER SANTA BARBARA Employer identification number 95-6006417

Pai	τι ιγ	pes of Property								
			(a) Check if	(b) Number of	(c) Noncash contril	oution	(d) Method of de	etermin	nina	
			applicable	contributions or	amounts report	ed on	noncash contribu		_	:S
				items contributed	Form 990, Part VII	i, line ig				
1		s of art								
2		ical treasures								
3		onal interests								
4		publications								
5		nd household goods								
6	Cars and c	other vehicles								
7	Boats and	planes								
8	Intellectua	l property								
9	Securities	- Publicly traded								
10	Securities	- Closely held stock								
11	Securities	- Partnership, LLC, or								
	trust intere	ests								
12	Securities	- Miscellaneous								
13	Qualified c	onservation contribution -								
	Historic str	ructures								
14	Qualified c	onservation contribution - Other								
15	Real estate	e - Residential								
16	Real estate	e - Commercial								
17	Real estate	e - Other								
18	Collectible	s								
19		ntory								
20		medical supplies								
21	Taxidermy									
22	Historical a	artifacts								
23	Scientific s	specimens								
24	Archeologi	cal artifacts								
25	Other (EQUIPMENT	X	1		,496.				
26	Other (VARIOUS)	X] 3	1	,604.				
27	Other ()								
28	Other ()								
29	Number of	Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions					
	for which t	he organization completed Form 82	83, Part V, [Donee Acknowledg	ement	29				
									Yes	No
30a	During the	year, did the organization receive b	y contributio	on any property rep	oorted in Part I, line	s 1 throug	h 28, that it			
	must hold	for at least 3 years from the date of	the initial co	ontribution, and wh	ich isn't required to	be used t	for			
	exempt pu	rposes for the entire holding period	?					30a		X
b		escribe the arrangement in Part II.								
31	Does the c	rganization have a gift acceptance	policy that re	equires the review	of any nonstandard	d contribut	tions?	31	Х	
32a	Does the c	organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell	noncash				
	contributio	ns?						32a		Х
b		escribe in Part II.								
33	If the organ	nization didn't report an amount in c	olumn (c) fo	or a type of propert	y for which column	(a) is chec	ked,			
	describe ir	n Part II.								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

GIRLS INCORPORATED Schedule M (Form 990) 2023 OF GREATER SANTA BARBARA

Schedule M	(Form 990) 2023	OF GREATER	R SANTA	BARBARA		95-6006417	Page 2
Part II	Supplemental	Information. Production Information. Productional information.	ovide the info Imber of cont	ormation required ributions, the nur	by Part I, lines 30b, 32b nber of items received,	o, and 33, and whether the organiz or a combination of both. Also con	ation

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

GIRLS INCORPORATED
OF GREATER SANTA BARBARA

Employer identification number 95-6006417

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FINANCIAL AID TO ENSURE THAT EVERY GIRL CAN PARTICIPATE AND THRIVE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS DELEGATES THE REVIEW OF THE FORM 990 TO THE AUDIT

COMMITTEE AS MEMBERS OF THE COMMITTEE TYPICALLY INCLUDE CPAS AND HAVE

EXTENSIVE EXPERIENCE WITH NOT-FOR-PROFIT ORGANIZATIONS AND THE FORM 990. A

FULL COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW

AND COMMENT BEFORE THE AUTHORIZED OFFICER SIGNS AND FILES.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE OF THE CONFLICT OF INTEREST POLICY BY REQUIRING THAT ALL

OFFICERS AND DIRECTORS SIGN A CONFLICT OF INTEREST AGREEMENT ANNUALLY. THE

AGREEMENTS ARE REVIEWED BY THE BOARD GOVERNANCE COMMITTEE. ALL STAFF ARE

ALSO REQUIRED TO COMPLY WITH THE CONFLICT OF INTEREST POLICY INCLUDED IN

THE EMPLOYEE HANDBOOK.

FORM 990, PART VI, SECTION B, LINE 15A:

DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO INCLUDES AN ANNUAL REVIEW CONDUCTED BY ONE OR MORE PERSONS IN A SUPERVISORY CAPACITY

(TYPICALLY THE BOARD PRESIDENT). THIS IN-PERSON REVIEW IS CONDUCTED AFTER THE EXECUTIVE COMMITTEE HAS PROVIDED FEEDBACK. RESEARCH AND DOCUMENTATION FROM VARIOUS SOURCES FOR COMPENSATION INCLUDING SURVEYS OF OTHER NONPROFIT EXECUTIVES OF EQUAL AND COMPARABLE EXPERIENCE, SIMILAR AGENCY SIZE,

GEOGRAPHIC REGION, AND OTHER RELEVANT FACTORS ARE INCORPORATED INTO

Name of the organization OF GREATER SANTA BARBARA	Employer identification number 95-6006417
DETERMINING FAIR AND COMPETITIVE COMPENSATION. THE ORGANI	ZATION'S BUDGET IS
ALSO CONSIDERED IN THE PROCESS. THE BOARD PRESIDENT THEN	MAKES A
RECOMMENDATION TO THE BOARD FOR APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE TO T	HE PUBLIC UPON
REQUEST.	
FORM 990, PART XII, QUESTION 2C	
THE ORGANIZATION'S AUDIT COMMITTEE REVIEWS PROPOSALS OF I	NDEPENDENT
PUBLIC ACCOUNTING FIRMS FOR PREPARATION OF ANNUAL AUDIT A	ND FORM 990
AND ENGAGES THE SELECTED FIRM TO PERFORM THE SERVICES.	
FORM 990, PART I, QUESTION 6	
APPROXIMATELY 66 VOLUNTEERS DONATED THEIR TIME TO GIRLS I	NC. THE FULL
GIRLS INC. EXPERIENCE IS CRITICALLY DEPENDENT ON THE SERV	ICES OF THESE
VOLUNTEERS. VOLUNTEERS PERFORM A VARIETY OF SERVICES RANG	ING FROM
SUPPORTING GIRLS INC. PROGRAM AND ADMINISTRATIVE STAFF, T	UTORING,
ASSISTANCE AT EVENTS, FUNDRAISING EFFORTS, FACILITY PROJE	CTS, AS WELL
AS COMMITTEES AND BOARD MEMBERSHIP.	